

Correspondence

Correspondents are asked to be brief.

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Prostatic Reservoir of Gonococci

SIR,—The increased number of cases of gonorrhoea despite adequate penicillin therapy and the high incidence of asymptomatic gonorrhoea not only in females but also in males¹ have focused attention on the possibility of a pool of gonococci in the accessory genital glands.

We have shown recently with immunofluorescent techniques² that gonococci may be present in secretions obtained by prostatic massage in 40% of males for up to two to three weeks after they had been treated for and considered cured from an uncomplicated gonorrhoeal urethritis.

Since this investigation was reported, epidemiological data have been obtained from seven males who were named as sources of gonorrhoeal infection, one of them twice and one of them three times during the last two years. Data and findings are summarized in the Table.

Each patient had a history of gonorrhoeal and/or "non-gonorrhoeal" urethritis one to two years earlier, and three of them had also a history indicating prostatitis. Repeated urethral smears were negative on direct microscopy and repeated bacteriologic cultures of urethral specimens were also negative. Culture of secretions obtained after prostatic massage was positive for gonococci in only one of the seven cases. However, direct microscopy of smears of prostatic secretions revealed the presence of Gram-negative gonococcal-like organisms. Parallel smears from six patients were

examined with immunofluorescent techniques as described by Danielsson,³ and they were all considered positive for gonococci. With the use of the complement fixation technique gonococcal antibodies were demonstrated in serum specimens from four of them. Five had slight urethritis but none had symptoms indicating a prostatitis at the time specimens were obtained. The cytology of the smears of prostatic secretions indicated, however, a prostatitis in all but one of the cases.

Recently it was shown by Stamey *et al.*⁴ that prostatic secretion has an antibacterial effect. This could be an explanation for the negative yield by culture, since it is well known that gonococci are very delicate organisms. The epidemiological observations of the males reported here indicate, however, that these "non-culturable" gonococci might well be infective when they change their milieu.—We are, etc.,

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Appendicitis in Infancy

SIR,—I was interested in your leading article (12 September, p. 599) on appendicitis in infants. On looking through my records I find that the mortality of cases under my care was nearly 30%, mainly, as Williams¹ states, owing to delayed diagnosis.

In this article the high mortality was attributed to "an innate defect of the infant to deal with infection," but no mention is made of the "abdominal policeman." The greater omentum in infants is a frail and undeveloped membrane, scarcely reaching as far as the umbilicus. It commonly performs its constabulary duties in arresting the spread of infection in adults, but is useless in this connection in infants, and this is surely a contributory cause of the high mortality at this age.—I am, etc.,

MCNEILL LOVE.

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Perforated Diverticulitis

SIR,—I agree with Mr. M. C. T. Reilly's advice *against* routine resection of the colon in cases of perforated diverticulitis (5 September, p. 570). This operation has been advocated recently¹ on the grounds that it reduces mortality and morbidity. However, the high complication rates quoted for conservative surgery date from times without the benefits of modern fluid and electrolyte replacement and intensive antibiotic therapy.²

In a recent series of 41 cases with peritonitis due to perforated diverticulitis I did not resect, yet there were only two deaths, both in severely ill patients aged 78 and 81. In a further two cases I resected the perforated colon. One of these patients died as a result of peritonitis. (Details of this series of 43 patients will be published

Age	Urethritis No. of Attacks	Urethral Specimens		Prostatic Specimens			
		D. M.*	Culture	D. M.	Cytol.†	Culture	F.A.‡
24	?	○	○	++	++	○	++
27	2	○	○	++	++	○	++
37	1	○	○	+	+	○	++
26	2	○	○	++	+	I	++
27	2	○	○	++	+	○	++
27	1	○	○	++	+	○	not ex.
35	1	○	○	+	○	○	++

*D.M. = Direct microscopy: ++several, +single Gram-negative gonococci-like organisms, either intracellular or extracellular, and ○ no such organisms. †Cytol = Cytology: ++leucocytes with clumping, +significant number of leucocytes with tendency of clumping, and ○ no or few leucocytes. ‡Immunofluorescent F.A.: ++cocci stained by the antigonococcal conjugate with a clearcut morphology, +with somewhat distorted morphology